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PART B - FEE(S) TRANSMITTAL

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Id send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL & EE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

| indicated unless corrected t<br>maintenance fee notification                                                                                                      |                                                                                                 | in Block I, by (a                                                 | ) specifying a r                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|
| CURRENT CORRESPONDENC                                                                                                                                             | E ADDRESS (Note: Use Block I for a                                                              | ny change of address)                                             |                                                                                                                                                                                                                                                                                                                 | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fcc(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission. |                                                                  |                                                           |
| 23699 75                                                                                                                                                          | 90 06/27/2006                                                                                   |                                                                   |                                                                                                                                                                                                                                                                                                                 | Con                                                                                                                                                                                                                                                                                                    | rificate of Mailing or Trans                                     | emission                                                  |
| CLAUSEN MILI                                                                                                                                                      | LER, P.C                                                                                        |                                                                   | •                                                                                                                                                                                                                                                                                                               | I hereby certify that the                                                                                                                                                                                                                                                                              | nis Fee(s) Transmittal is bein                                   | g deposited with the United                               |
| SUITE 1600                                                                                                                                                        | 00000026 09683356                                                                               |                                                                   | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
| 10S. LASALLE ST                                                                                                                                                   |                                                                                                 |                                                                   | 4400 00 00                                                                                                                                                                                                                                                                                                      | transmitted to the USP                                                                                                                                                                                                                                                                                 | TO (571) 273-2885, on the                                        | date indicated below.                                     |
| CHICAGO, IL 606                                                                                                                                                   | 02 FC:1501                                                                                      |                                                                   | 1400.00 OP                                                                                                                                                                                                                                                                                                      | Lois Fist                                                                                                                                                                                                                                                                                              | ner                                                              | (Depositor's name)                                        |
| 03 FC:8001                                                                                                                                                        |                                                                                                 | 30.00 OP                                                          |                                                                                                                                                                                                                                                                                                                 | Lois Fr                                                                                                                                                                                                                                                                                                | isher                                                            | (Signature)                                               |
|                                                                                                                                                                   |                                                                                                 |                                                                   |                                                                                                                                                                                                                                                                                                                 | July 28                                                                                                                                                                                                                                                                                                | 2006                                                             | (Date)                                                    |
| APPLICATION NO.                                                                                                                                                   | FILING DATE                                                                                     | FIRST NAM                                                         |                                                                                                                                                                                                                                                                                                                 | NVENTOR                                                                                                                                                                                                                                                                                                | ATTORNEY DOCKET NO.                                              | CONFIRMATION NO.                                          |
| 09/683,350                                                                                                                                                        | 12/18/2001                                                                                      | Yanp                                                              |                                                                                                                                                                                                                                                                                                                 | Qiu                                                                                                                                                                                                                                                                                                    | 3774                                                             | 7328                                                      |
|                                                                                                                                                                   | EINFORCED PACKAGING                                                                             |                                                                   | ·                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                        | į.                                                               | · · · · · · · · · · · · · · · · · · ·                     |
| APPLN, TYPE                                                                                                                                                       | SMALL ENTITY                                                                                    | ISSUE FI                                                          | EE                                                                                                                                                                                                                                                                                                              | PUBLICATION FEE                                                                                                                                                                                                                                                                                        | TOTAL FEE(S) DUE                                                 | DATE DUE                                                  |
| nonprovisional                                                                                                                                                    | NO \$1400                                                                                       |                                                                   | )                                                                                                                                                                                                                                                                                                               | \$300                                                                                                                                                                                                                                                                                                  | \$1700                                                           | 09/27/2006                                                |
| EXAMINER                                                                                                                                                          |                                                                                                 | ART UN                                                            | ıτ                                                                                                                                                                                                                                                                                                              | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                         | ]                                                                |                                                           |
| JOHNSON, JERROLD D                                                                                                                                                |                                                                                                 | 3728                                                              |                                                                                                                                                                                                                                                                                                                 | 206-586000                                                                                                                                                                                                                                                                                             |                                                                  |                                                           |
| 1. Change of correspondence<br>CFR 1.363).  Change of correspond<br>Address form PTO/SB/I.  "Fee Address" indicat<br>PTO/SB/47; Rev 03-02;<br>Number is required. | Correspondence                                                                                  | registered attorney or agent) and the names of up to              |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
|                                                                                                                                                                   |                                                                                                 |                                                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        | nee is identified below the                                      | tocument has been filed for                               |
| recordation as set forth in                                                                                                                                       | an assignee is identified be a 37 CFR 3.11. Completion of                                       | of this form is NO                                                | T a substitute fo                                                                                                                                                                                                                                                                                               | r filing an assignment.                                                                                                                                                                                                                                                                                | ice is identified below, the t                                   | Dedition has been med to                                  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                   |                                                                                                 |                                                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
| Sonoco D                                                                                                                                                          | evelopment                                                                                      | , Inc.                                                            | Ha                                                                                                                                                                                                                                                                                                              | rtsville, s                                                                                                                                                                                                                                                                                            | SC .                                                             |                                                           |
| Please check the appropriate                                                                                                                                      | e assignce category or categor                                                                  | ries (will not be pr                                              | inted on the pate                                                                                                                                                                                                                                                                                               | ent): 🗓 Individual 🗷 C                                                                                                                                                                                                                                                                                 | orporation or other private gr                                   | roup entity Government                                    |
| 4a. The following fee(s) are                                                                                                                                      | enclosed:                                                                                       | 4b                                                                | . Payment of Fo                                                                                                                                                                                                                                                                                                 | ec(s):                                                                                                                                                                                                                                                                                                 |                                                                  |                                                           |
| Issue Fee                                                                                                                                                         |                                                                                                 |                                                                   | A check in the amount of the fee(s) is enclosed.                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
| Publication Fee (No small entity discount permitted)                                                                                                              |                                                                                                 |                                                                   | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
| Advance Order - # of Copies                                                                                                                                       |                                                                                                 |                                                                   | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                                                                                                                                     |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
| Change in Entity Status                                                                                                                                           | (from status indicated above                                                                    | ,                                                                 |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        |                                                                  |                                                           |
|                                                                                                                                                                   | MALL ENTITY status. See 1                                                                       |                                                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        | LL ENTITY status. Sec 37 C                                       |                                                           |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the reco                                                                           | is requested to apply the Issu<br>bublication Fee (if required) words of the United States Pate | ic Fee and Publicate<br>vill not be accepted<br>ent and Trademark | tion Fee (if any)<br>I from anyone o<br>Office.                                                                                                                                                                                                                                                                 | or to re-apply any previous<br>ther than the applicant; a reg                                                                                                                                                                                                                                          | ly paid issue fee to the applic<br>istered attorney or agent; or | ation identified above.<br>the assignee or other party in |
| Authorized Signature                                                                                                                                              | Harold O                                                                                        | Jasona                                                            | do                                                                                                                                                                                                                                                                                                              | Date                                                                                                                                                                                                                                                                                                   | July 27, 20                                                      | 06                                                        |
| Typed or printed name                                                                                                                                             | Harda J.                                                                                        | Fassi                                                             | nacht                                                                                                                                                                                                                                                                                                           | Registration I                                                                                                                                                                                                                                                                                         | No. 35,50                                                        | 7                                                         |
| This collection of information application. Confidential                                                                                                          | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C.                                       | 11. The informatio                                                | n is required to                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        | ,                                                                |                                                           |

supporting the completed application form to the USFIO. Hime will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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